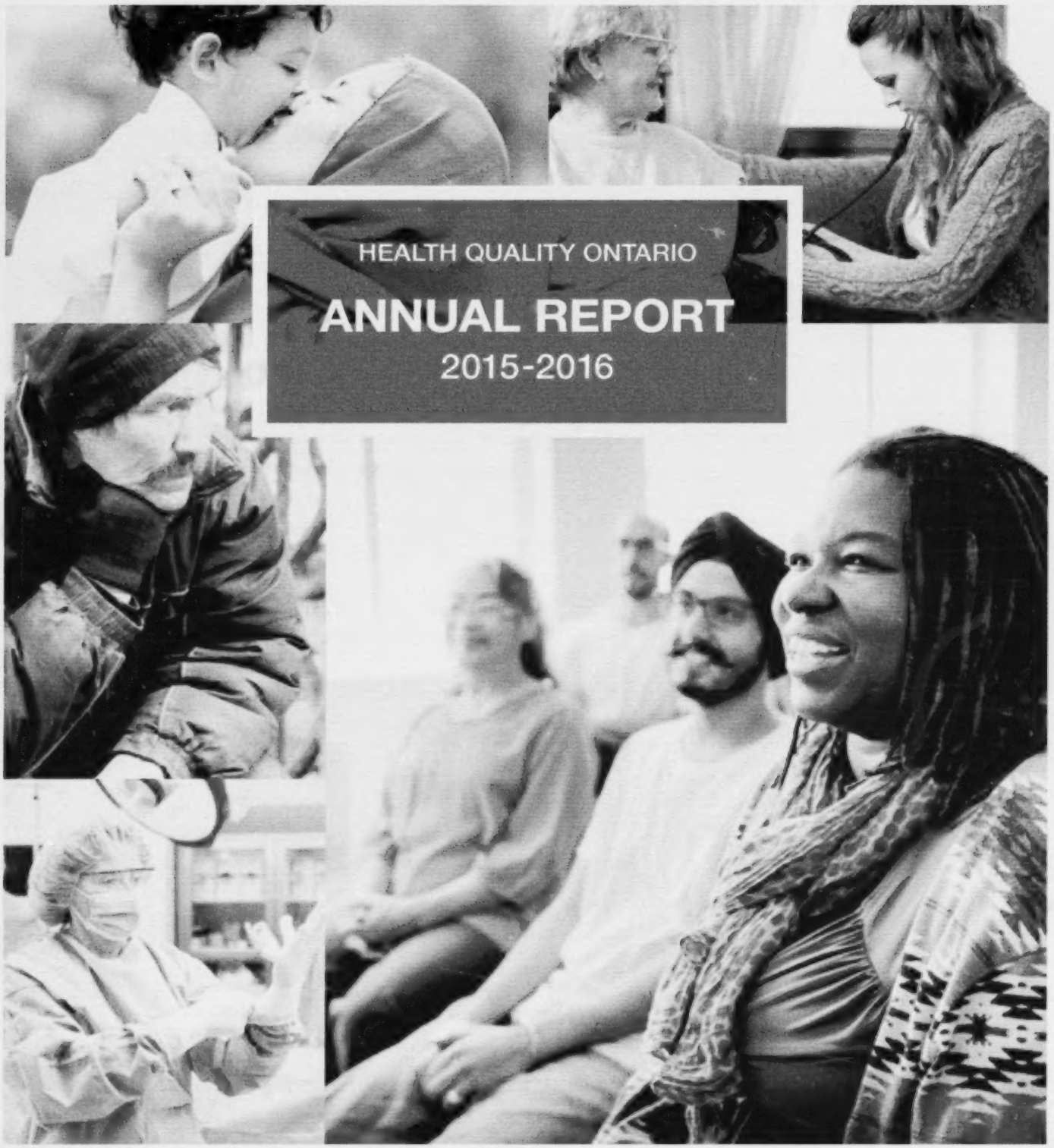


HEALTH QUALITY ONTARIO

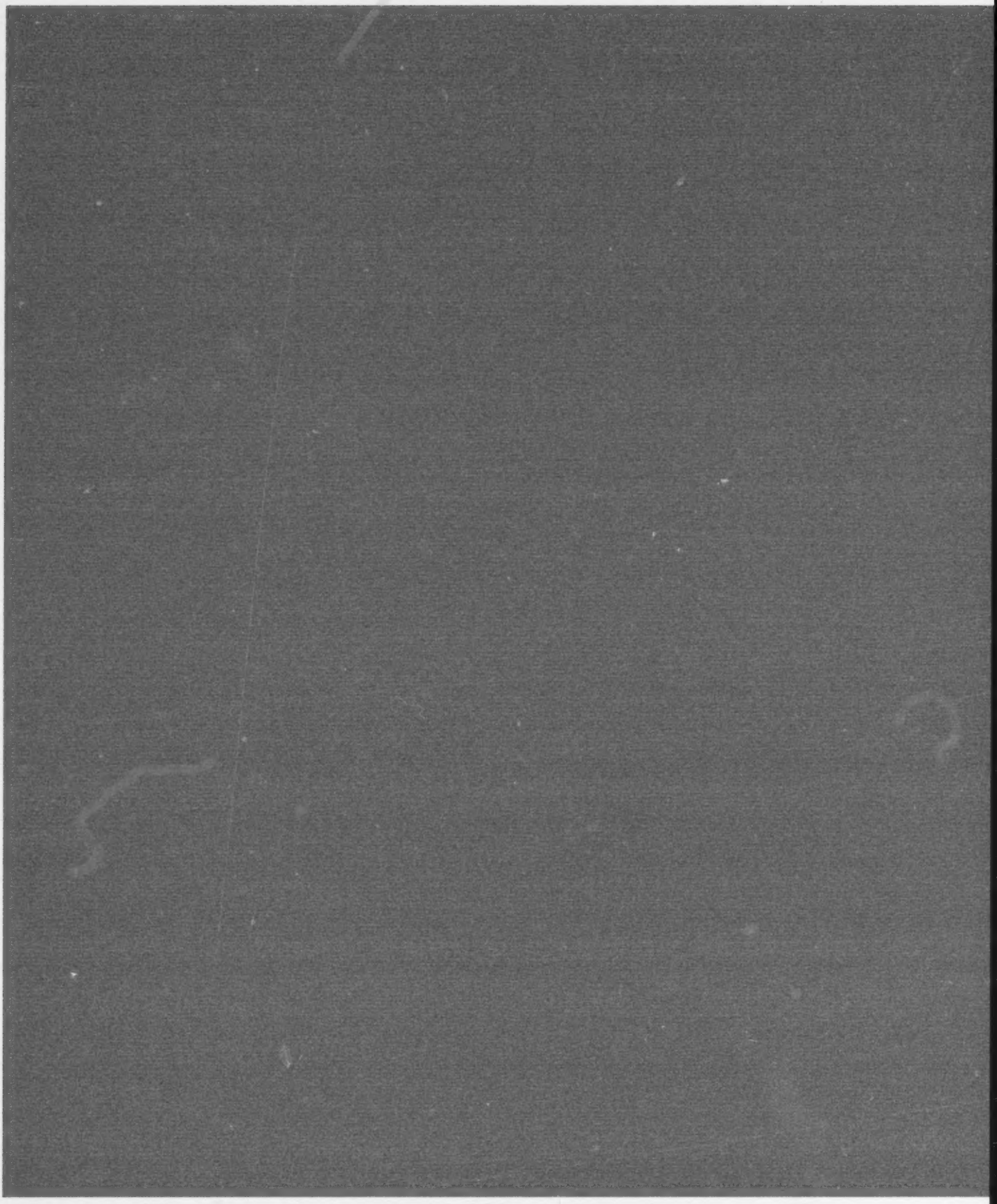
ANNUAL REPORT

2015-2016

Let's make our health system healthier

Ontario

Health Quality Ontario



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Message from the Board Chair and President and Chief Executive Officer

Dr. Andreas Laupacis
Chair, Board of Directors

Dr. Joshua Tepper
President and CEO

On behalf of Health Quality Ontario, we are proud to present the 2015–16 Annual Report, which includes an overview of our activities during this past year.

As the provincial advisor on the quality of health care in Ontario, we are dedicated to creating a shared understanding of health care quality. Throughout this journey, we actively engage with patients and support the many thousands of providers in the system to improve quality care.

This past year was very exciting for a number of reasons.

We introduced *Quality Matters*, a framework designed to unite the quality improvement efforts and goals of everyone in the Ontario health system. This framework is made up of a number of elements: a definition of quality grounded in six dimensions that focus on what a system with a culture of quality should look like; a vision that guides the goals; and principles to help with decision-making.

Building on the framework, we created a new Health Quality Ontario three-year strategic plan.

This 2015-16 Annual Report highlights what we accomplished in our plan's strategic priorities last year and sets the stage for what's to come. Some highlights include:

- The creation of a Health Quality Ontario Patient, Family and Public Advisors Program that brings the patient's perspective into the work we do at Health Quality Ontario
- New specialized reports on the performance of the health care system on topics such as caregiver distress, primary care and mental health
- The provision of 12 recommendations to the Minister of Health and Long-Term Care regarding the public funding of health care services and medical devices
- The initiation of a new program to develop quality standards, which will lay an evidence-based foundation for quality improvement
- The support and promotion of positive improvements in care across Ontario with robust quality improvement programs
- In keeping with the dimension of equity in our definition of quality health care, finding ways to help the system achieve better health quality for every person living in Ontario

At Health Quality Ontario, we are passionate about our work. Our talented staff are dedicated to make a difference while staying true to shared organizational values and our unique role in the health system. And they recognize too, the power of collaborating with others because with partners, we can achieve more than we could alone.

We look forward to continuing our work to help shape a patient-centred health system that provides the highest quality of health care for all Ontarians, and making our health system healthier.

Dr. Andreas Laupacis
Chair, Board of Directors

Dr. Joshua Tepper
President and CEO

Organizational Overview

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: *Better health for all Ontarians.*

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care system. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

Our vision

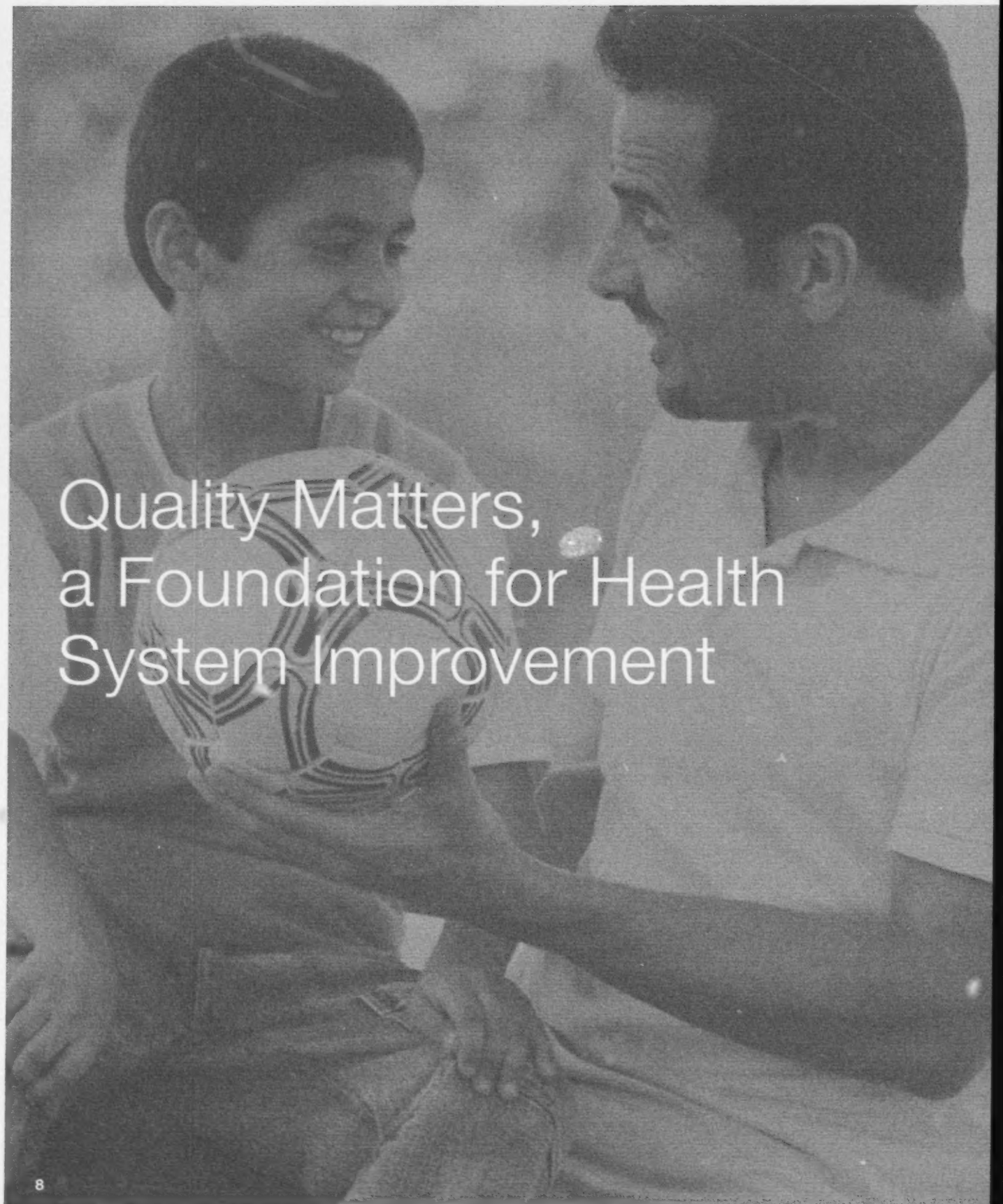
Better health for every Ontarian. Excellent quality care.

Our mission

Together, we work to bring about meaningful improvement in health care.

Our values

Collaboration, integrity, respect and excellence.



Quality Matters, a Foundation for Health System Improvement

As the provincial advisor on the quality of health care, Health Quality Ontario has a responsibility to advance high quality care. To this end, we launched ***Quality Matters*** which is intended to bring everyone in the health system – providers, administrators, academics, policy-makers, patients, and the public – to a shared understanding of what quality in healthcare means and to reach a shared commitment to take action on common goals.

Quality Matters is intended to stimulate discussion, build the case for a provincial quality framework, and offer a set of principles, a common definition, and key factors we need to consider to instill quality at the core of our health system.

This was just the start. In the months since the document's release, we continue to engage with patients, health care providers, experts and others across the system to develop a deeper understanding of health care quality and how to build a quality-driven culture. All of this work is designed to help policy makers and funders as they set priorities and plan for the system. *Quality Matters* should guide clinicians, managers and health system leaders in the planning and delivery of care and services, and as they engage with patients and their families, involving them in the health system's commitment to improvement.

Our Strategic Plan, Setting Our Direction

Our new Strategic Plan, *Better Has No Limit: Partnering for a Quality Health System*, was launched this year and defines our five priorities for the next three years to help achieve health care quality. It is the result of in-depth discussions with many across Ontario's health system and reflects what we heard from them about what is needed to advance health quality.

Health Quality Ontario's strategic plan sets out five strategic priorities, three emerging areas of focus, and key enablers that will help Health Quality Ontario to successfully deliver on its plans.

In brief, our strategic priorities are:

- Providing system-level leadership for health care quality
- Increasing availability of information to enable better decisions
- Evaluating promising innovations and practices, and supporting broad uptake of those that provide good value for money
- Engaging patients in improving care
- Enhancing quality when patients transition between different types or settings of care

To add to our current field of vision focusing mostly on hospitals, long-term care and home and community care, we added three emerging areas of focus: mental health and addictions; palliative and end-of-life care; and primary care.

The strategic plan also identifies the enablers that will make it possible for Health Quality Ontario to deliver on its work: working with others; creating and implementing an effective and comprehensive approach to communicating our work; and functioning as "one".

We are excited about the direction we have set and are eager to continue collaborating with our many partners in the health system to achieve our goals. The following is what we accomplished this year within each of our strategic priorities.

Quality Advisory Initiatives

In our advisory role, we were asked by the Minister of Health and Long-Term Care to develop recommendations related to various quality initiatives including improving diagnostic imaging quality, modernizing Ontario radiation protection, building an integrated system for quality oversight in non-hospital medical settings, and designing an Ontario patient safety incident learning system (building on the expert panel work that Health Quality Ontario supported for updating the *Quality of Care Information Protection Act*).

Quality Standards

Health Quality Ontario, in collaboration with clinical experts, patients and caregivers, initiated a new program to develop and implement quality standards. The standards will be a concise set of easy-to-understand statements outlining the best care possible for patients with select conditions, and based on the best available evidence. The quality standards are being designed to help patients and families know what to expect in their care; help health care providers know what care they should provide; and help organizations measure, assess and improve performance in caring for patients with these conditions.

Work on the first three standards began this year on: behavioural symptoms in dementia; schizophrenia; and major depression. In addition, we began developing a guide that will describe the identification, prioritization and scoping of new topics, advisory committee formation, content development, stakeholder engagement and support for implementation.

Regional Clinical Quality Leads And Quality Tables

Strong clinical leadership and engagement is fundamental to improving the quality of health care. In this past year, Health Quality Ontario and the Local Health Integration Networks (LHINs) collaborated to establish Clinical Quality Leads, and also to bring together leaders in quality from different sectors, through regional Quality Tables. All 14 LHINs expressed an interest in establishing these functions, seeing them as an important mechanism to integrate quality in the LHINs' plans, to increase clinical involvement, and to ensure connection with the provincial quality agenda. A Provincial Quality Implementation Advisory Table, an overarching advisory body to the Regional Quality Tables, is also being established. Comprising clinical quality leaders across the province, the Provincial Quality Implementation Advisory Table will connect the regional quality tables, Health Quality Ontario, and other quality structures across the province.

Quality Improvement Plans

This was the first year that requirements for quality improvement plans (QIPs) were extended to the entire long-term care homes sector, resulting in a total of 1,076 organizations in long-term care homes, primary care, community care and hospital care that submitted QIPs to Health Quality Ontario this year. This signals a tremendous commitment to quality and quality improvement across the province.

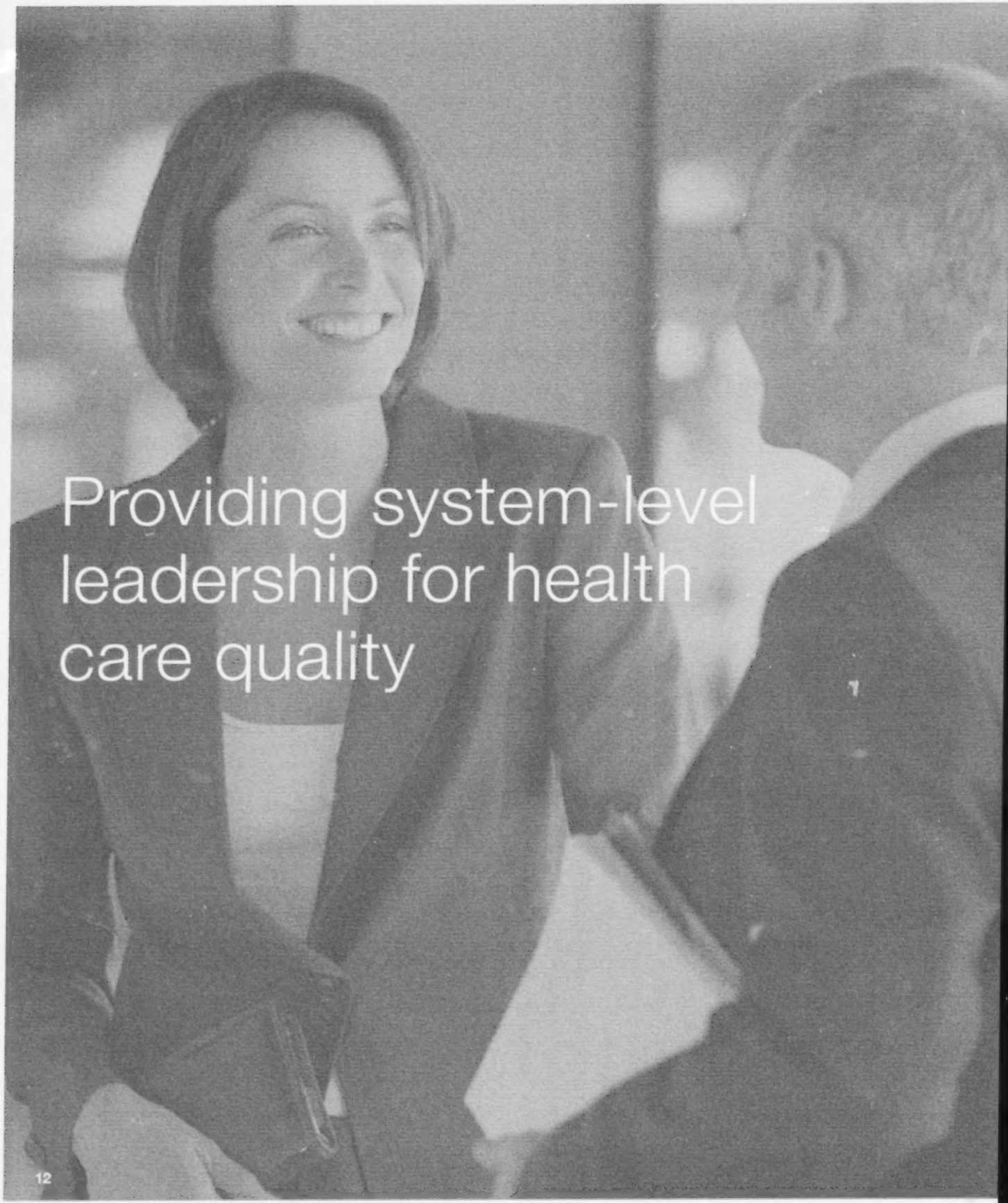
This year emphasized the importance of integration indicators and related processes to support patient engagement in developing QIPs.

Various QIP reports were also created about what is being observed through quality improvement efforts that are sector specific. Plus, a cross-sector view of QIP data focused on patient engagement in quality improvement and highlighted the exciting efforts made across the system.

In addition, a new Cross-Sector QIP Advisory Committee brought together senior thought leaders and a field perspective from each sector. LHINs and the Ministry Annual priorities were established for QIPs for 2016-17 in consultation with the QIP Advisory Committee, sector-specific partners, and the Ministry. These priorities reflect emerging priorities in the field, for example palliative care, and are aligned with aspects of the Common Quality Agenda indicators (a pre-determined set of indicators developed with experts to measure the performance of the health system). Guidance materials to support the 2016-17 indicator priorities, and to link organizations to resources to support improvement efforts, were included.

Patient Relations

In September, new regulations designed to strengthen patient relations within public hospitals came into effect in Ontario. We worked actively in partnership with various associations to gather what is known about patient relations practices in hospitals, as well as in community care and long-term care. To help hospitals adopt to the new regulations, we released two guides: *Striving For Excellence in Patient Relations Processes in Ontario's Hospitals* and *Engaging with Patients and Caregivers about Patient Relations*. These resources were aligned with other important resources such as the Ontario Hospital Association's existing patient relations toolkit.



Providing system-level leadership for health care quality

We also created a provincial cross-sector advisory group to advise on the selection of patient relations indicators, benchmarks, and quality improvement tools.

Participating in a National Effort: Never Events Report

Health Quality Ontario and the Canadian Patient Safety Institute released a report on 'never events' in Canada, which are classified as patient safety incidents that result in serious patient harm or death and are preventable using organizational checks and balances.

Written by a group of health care quality experts from across Canada, the report focused on 15 events that can occur while a patient is under the care of a hospital. It also highlighted strategies to help identify and reduce these events.

The group that wrote the report, known as the Never Events Action Team, was led by Health Quality Ontario and supported by the Canadian Patient Safety Institute. Together the team researched, surveyed and consulted with health system leaders, providers, patients and the public before recommending a list of never events in Canada's health care system. The Never Events Action Team included the following organizations:

- Atlantic Health Quality and Patient Safety Collaborative
- British Columbia Patient Safety and Quality Council
- Canadian Patient Safety Institute
- Health Quality Council of Alberta
- Health Quality Ontario
- Manitoba Institute for Patient Safety
- New Brunswick Health Council
- Newfoundland and Labrador Provincial Safety and Quality Committee
- Patients for Patient Safety Canada (a patient led program of the Canadian Patient Safety Institute)
- Saskatchewan Health Quality Council

Health Equity

A quality health system is one that reflects all the dimensions of quality, including equity. It is a system that provides good access, experience and outcomes for all Ontarians.

To inform our thinking about how Health Quality Ontario will support equitable quality health care, we held a Health Equity Summit on December 3, 2015. This one-day event brought together various people from underserved communities and with lived experience, health system leaders, health and health care organizations, and providers from across the province to share stories, expertise, and thoughts about how to move forward. A report was developed summarizing key discussion points and learnings from the summit.

We then developed a Health Equity Plan to outline how we will embed health equity into our daily work and how we will encourage providers, system leaders and planners to make it prominent in their thinking, discussions and planning.

To support equitable health care in Ontario, over the next three years Health Quality Ontario will undertake various extensive activities that will:

- Provide system-level leadership through partnerships to improve health equity in Ontario.
- Increase the availability of information to enable better decisions to achieve health equity locally and provincially.
- Evaluate and support the uptake of promising innovations and practices to improve health equity in Ontario.
- Engage patients, caregivers, and the public in our efforts to address health equity.
- Ensure health equity is addressed when patients transition across different care settings.

Annual Conference

Highlights from Health Quality Ontario's annual 2015 conference, Health Quality Transformation, included 2,240 participants (people from health care organizations across all sectors, government agencies and patients); 27 panels and workshops, six lunch-and-learn sessions featuring experts and patients from across the system, and for the first time, a dedicated stream for patients.

This year's conference also had the highest number of speakers ever (190, approximately 30 of whom were patients and family members); the submission of 241 abstracts, with 45 featured in the breakout sessions and lunch 'n learns, and 103 profiled as poster presentations; and more than 30 of our partners participated as exhibitors at the event.

The Minister of Health and Long-Term Care provided a keynote address and presented the Minister's Medal Honouring Excellence in Health Quality and Safety for both Team and Individual Champions. The theme for the 2015 Minister's Medal was "Putting Patients First" and the recipients were the North East LHIN Virtual Critical Care Unit and Dr. Jeremy Theal for the successful implementation of E-Care, an electronic medical record transformation project at North York General Hospital.

IDEAS (Improving and Driving Excellence Across Sectors)

IDEAS continues to be a comprehensive, province-wide initiative to enhance Ontario's health system performance by increasing quality improvement, leadership and change management capacity across all health care sectors.

IDEAS consists of two accredited learning programs (an Introductory and an Advanced program), online resources, and an active alumni program to build and sustain a vibrant quality improvement culture and community.

The 360 graduates of the Advanced Program and 2,160 graduates of the Introductory Program represent a growing number of physicians, health care professionals and administrators trained in quality improvement across the province. These graduates are helping to form a province-wide community with a common language and skill set to carry out quality improvement work.

IDEAS is delivered through a collaborative partnership among seven Ontario universities, Health Quality Ontario, the Institute for Clinical Evaluative Sciences, and the Institute of Health Policy, Management and Evaluation at the University of Toronto.

Held annually in conjunction with Health Quality Transformation, an IDEAS Alumni Event features keynote speakers, interactive workshops, poster sessions, networking and the presentation of the IDEAS Alumni Achievement Awards.

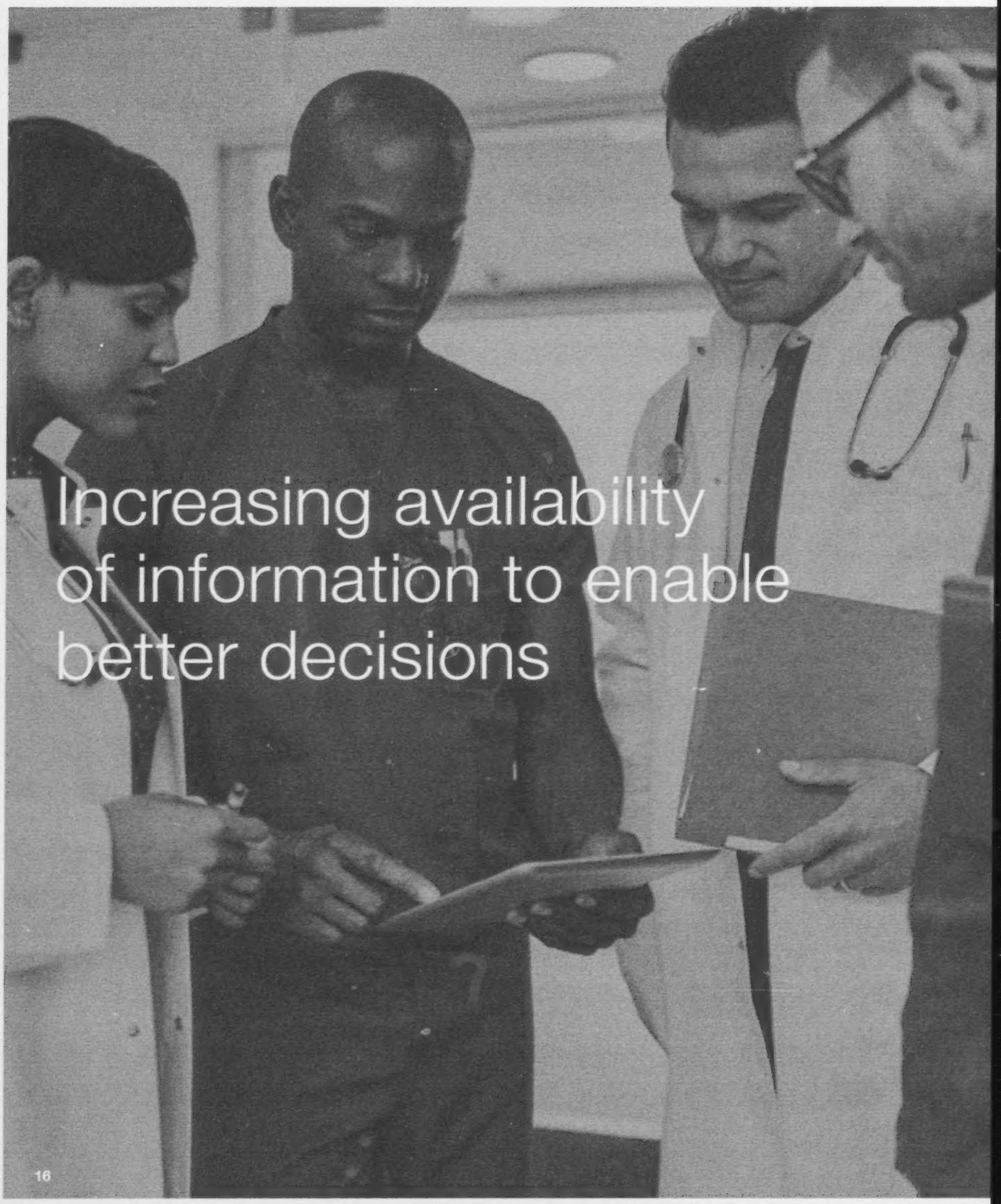
In its second year, the IDEAS Alumni Event 2015 provided a day of quality improvement training designed to learn from experts in the field, connect with fellow learners and recognize the successes of alumni in moving their quality improvement projects forward.

Quality Rounds Ontario

We launched Provincial Quality Rounds, a monthly opportunity to share emerging trends and the progress in health care quality, and to inform and engage health quality leaders and other professionals involved with the quality agenda across Ontario and in other jurisdictions. These sessions use the Ontario Telemedicine Network to allow people from across the province to participate in the rounds. We held eight Quality Rounds in sites around the province in 2015-16 and on average, had 325 participants per session.

The Patient Ombudsman

On July 1, 2016, amendments to the *Excellent Care for All Act, 2010* (ECFAA) came into force that establish a Patient Ombudsman for the province of Ontario. The Patient Ombudsman has a mandate to receive, help resolve, and potentially investigate complaints related to the care and health care experience provided by hospitals, long-term care homes and community care access centres in cases where the complainant's concerns have not been adequately addressed through existing patient complaint mechanisms. Under ECFAA, Health Quality Ontario is required to employ the person who is appointed by the Lieutenant Governor in Council to serve as the Patient Ombudsman, and to provide support to the Patient Ombudsman in carrying out her functions. Ontario has appointed Christine Elliott as the province's first Patient Ombudsman. Our work this past year has been focused on preparing for the opening of the new office which took place on July 4, 2016.



Increasing availability of information to enable better decisions

Measuring Up

Health Quality Ontario released its yearly comprehensive report that looks at the health of people living in Ontario and how the provincial health system is performing. Based on the Common Quality Agenda, a set of quality indicators, Health Quality Ontario reported on how each region is performing, and how Ontario compares with the rest of Canada and other countries.

We also featured stories from patients, family members, caregivers and health care providers – the people who encounter challenges first-hand of the health system and who are working to improve it – to provide the human perspective of the issues raised by the performance data.

Specialized Reports

Health Quality Ontario continued to expand and enhance its reporting on health system performance and produced specialized reports on mental health, primary care, anti-psychotic medication use in long-term care homes, and health care coordination and communication.

We developed these reports in partnership with external experts in these related fields, as well as with patients, caregivers and people in Ontario who have real-life experience with the topic.

Online Reporting

We continued to report online indicators in home care, long-term care homes and patient safety (in hospitals), and launched new online reporting for primary care performance indicators (in conjunction with the primary care specialized report). This marked the beginning of routine public reporting in the primary care sector in Ontario.

We also launched a searchable library of indicator profiles. Information in the library includes indicator definitions, technical specifications, alignment information, rationale for why an indicator is (or is not) reported, links to information about data sources, and (for indicators we report) performance data. Our goals are to provide an easily accessible location to source indicators; publicly communicate decisions about why we report certain indicators (and why not others); address indicator/data issues (e.g., alignment, data frequency, quality), and clarify methodologic decisions.

Through our online data and comprehensive reports, our indicators often include data using cross-cutting domains – such as health equity (where we analyze the data within our indicators using a variety of economic and social variables such as income, education, sex, urban/rural location, age, language, immigration, ethno-cultural identity and Aboriginal status).

Our goal with all of our health system performance reporting is to increase the availability of information to enable better decisions.

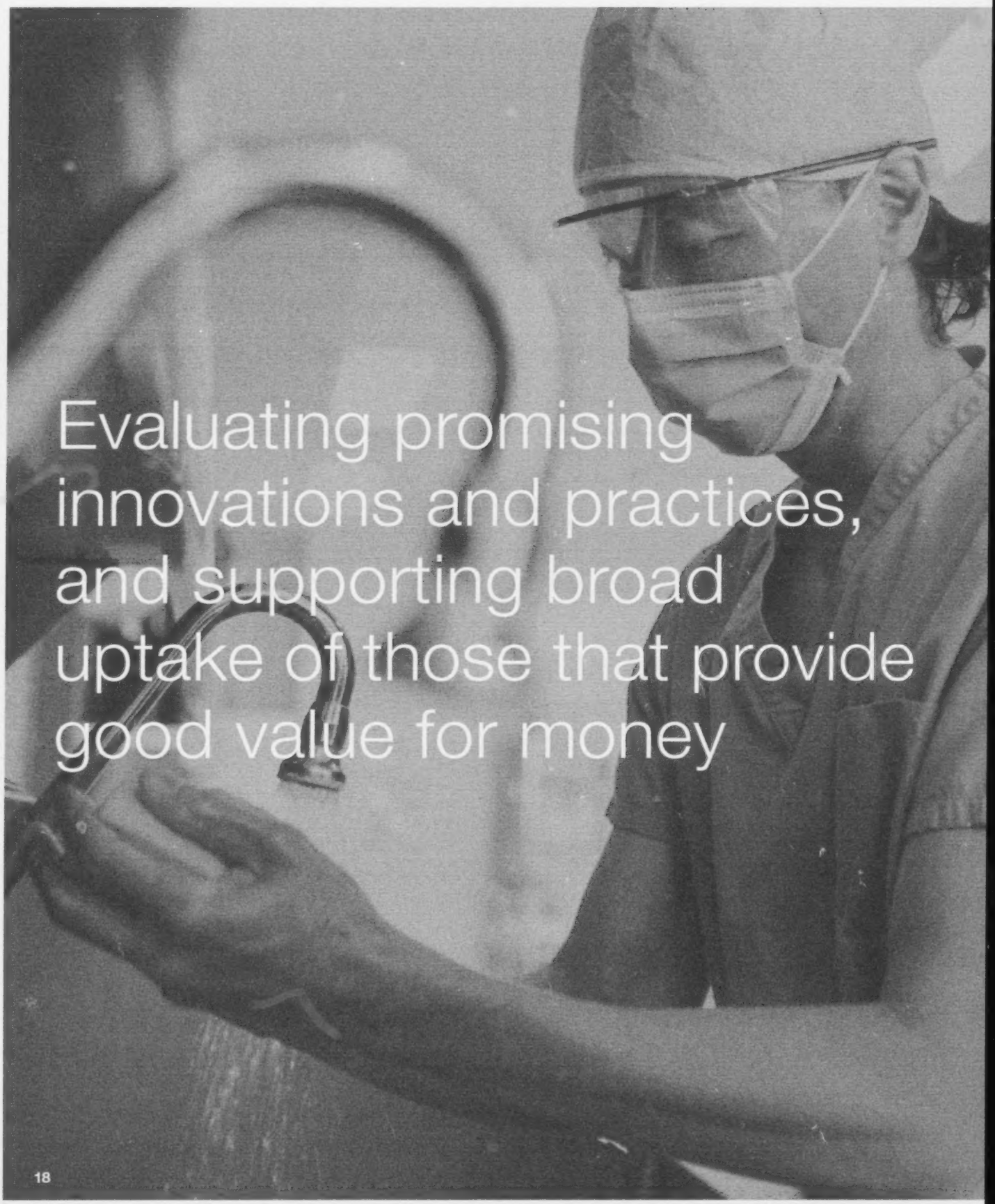
Practice Reports

Physicians in Ontario are dedicated to quality improvement in their practices, whether caring for patients in their office or a group setting, or looking after residents in their long-term care home. But providers do not always have the data they need to inform their quality improvement efforts.

To help address this gap, Health Quality Ontario created practice reports that are confidential reports (using existing administrative health databases) that give physicians customized and contextualized data about their practice. The reports also share quality change ideas to help drive quality improvement.

The reports were first introduced in 2014-15 to family physicians and then introduced to physicians providing care to residents living in long-term care homes in 2015-16.

Health Quality Ontario has heard positive feedback from physicians that the reports are helping to support quality improvement in their practices.


Evaluating promising innovations and practices, and supporting broad uptake of those that provide good value for money

Health Technology Assessments and Associated Funding Recommendations

An important part of Health Quality Ontario's mandate is to make evidence-based recommendations about what health care services and medical devices should be publicly funded in Ontario. Working with clinical experts, scientific collaborators, expert panels, patients and the public, we evaluate interventions to determine whether they are effective and whether they provide good value for money. These analyses are presented to Health Quality Ontario's Ontario Health Technology Advisory Committee which considers a variety of factors and then makes recommendations about public funding. These recommendations are subsequently approved by the Health Quality Ontario Board of Directors and then made to the Minister of Health and Long-Term Care.

In 2015-16, Health Quality Ontario made 12 recommendations to the Minister of Health and Long-Term Care regarding the funding of health care services and medical devices. Topics included minimal residual disease evaluation in childhood acute lymphoblastic leukemia; mechanical thrombectomy for patients with acute ischemic stroke; and pancreatic islet transplantation for patients with type 1 diabetes.

Emergency Department Revisit Program

Health Quality Ontario worked in collaboration with the Ministry of Health and Long-Term Care, Access to Care (Cancer Care Ontario), LHIN Leads for Emergency Medicine, and Emergency Department physicians to develop a new initiative focused on improving the quality of care in Ontario's emergency departments.

Through the program, Ontario hospitals are being asked to review data on return visits to their emergency departments, conduct audits to identify the underlying causes of these return visits, and take steps to address these underlying causes.

The program is mandatory for all 73 high-volume emergency departments (with over 30,000 annual visits), which receive nearly 80% of all visits to emergency departments in Ontario. All hospitals however, are encouraged to participate.

ARTIC (Adopting Research to Improve Care)

The ARTIC program is an initiative to spread and fast-track the adoption of research evidence into broader clinical practice across the health care system. By helping to quickly and effectively implement the best evidence-based care, ARTIC ensures patients across Ontario receive the highest quality care.

Originally developed by the Council of Academic Hospitals of Ontario, the ARTIC program is now co-led in partnership with Health Quality Ontario. Together with CAHO, we extend regular calls for proposals for high-impact interventions that improve patient outcomes and the delivery of improved integrated quality care.

In 2015-16, we focused investments on mental health and addictions, where better integration is greatly needed by patients and provided funding to spread the following two initiatives.

The DA VINCI Project: Depression and Alcoholism – Validation of an Integrated Care Initiative

is a program for patients living with both a major depressive disorder and alcohol dependence, two conditions traditionally treated by different health care providers for both illnesses, often at different health care organizations, and not necessarily at the same time. Developed by the Centre for Addiction and Mental Health, the goal of the project is to provide patients affected by both conditions with care from an integrated team of professionals and by the same organization. When these illnesses are treated concurrently with a coordinated plan of care, patients receive higher quality, evidence-based care for their conditions, and their outcomes are improved. Through ARTIC, their approach is now being implement at eight hospital and primary care sites in Ontario.

META:PHI – Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration

is an initiative for people struggling with opioid or alcohol addiction (who often do not have a coordinated plan for recovery). Their fragmented care experience finds many in and out of treatment centres or worse – in an emergency department following an overdose. Once discharged, people addicted to opioids and/or alcohol are not always referred to an ongoing treatment program or may wait months to begin one. META:PHI integrates treatment provided by emergency department and hospital staff, primary care providers, and front-line community services, such as withdrawal management centres and shelters, creating a pathway that allows patients to seamlessly transition from emergency department care through to a rapid-access addiction clinic and primary care provider. With the support of ARTIC, what started as a project based in three Toronto hospitals (Women's College Hospital, St. Joseph's Health Centre and St. Michael's Hospital) has now extended its reach into additional participating hospitals and primary care clinics in Ottawa, Sudbury, London, Owen Sound, Sarnia, St. Catharines and Newmarket.

Ontario Surgical Quality Improvement Network

Health Quality Ontario supports hospitals to improve surgical care in Ontario through the Ontario Surgical Quality Improvement Network. This network provides support and resources to a community of surgical teams across the province who are working together to achieve long-term surgical quality improvement goals and deliver improved experiences and outcomes for patients.

A key component of participating in the network is the implementation of the National Surgical Quality Improvement Program which was created by the American College of Surgeons. Health Quality Ontario introduced the program in Ontario to provide hospitals with a surgical quality improvement program that delivers better patient outcomes, shortened hospital-stays, and fewer surgical complications per year.

Response to this program was very strong with 29 sites on board in 2015-16.

Choosing Wisely

Choosing Wisely Canada is a campaign to help physicians and patients have conversations about unnecessary tests, treatments and procedures. These discussions help physicians and patients make informed choices and help ensure high quality care.

Unnecessary tests can be potentially harmful to patients, adding stress and leading to even more tests to uncover answers to false-positive results. Unnecessary tests also put increased strain on our health system resources.

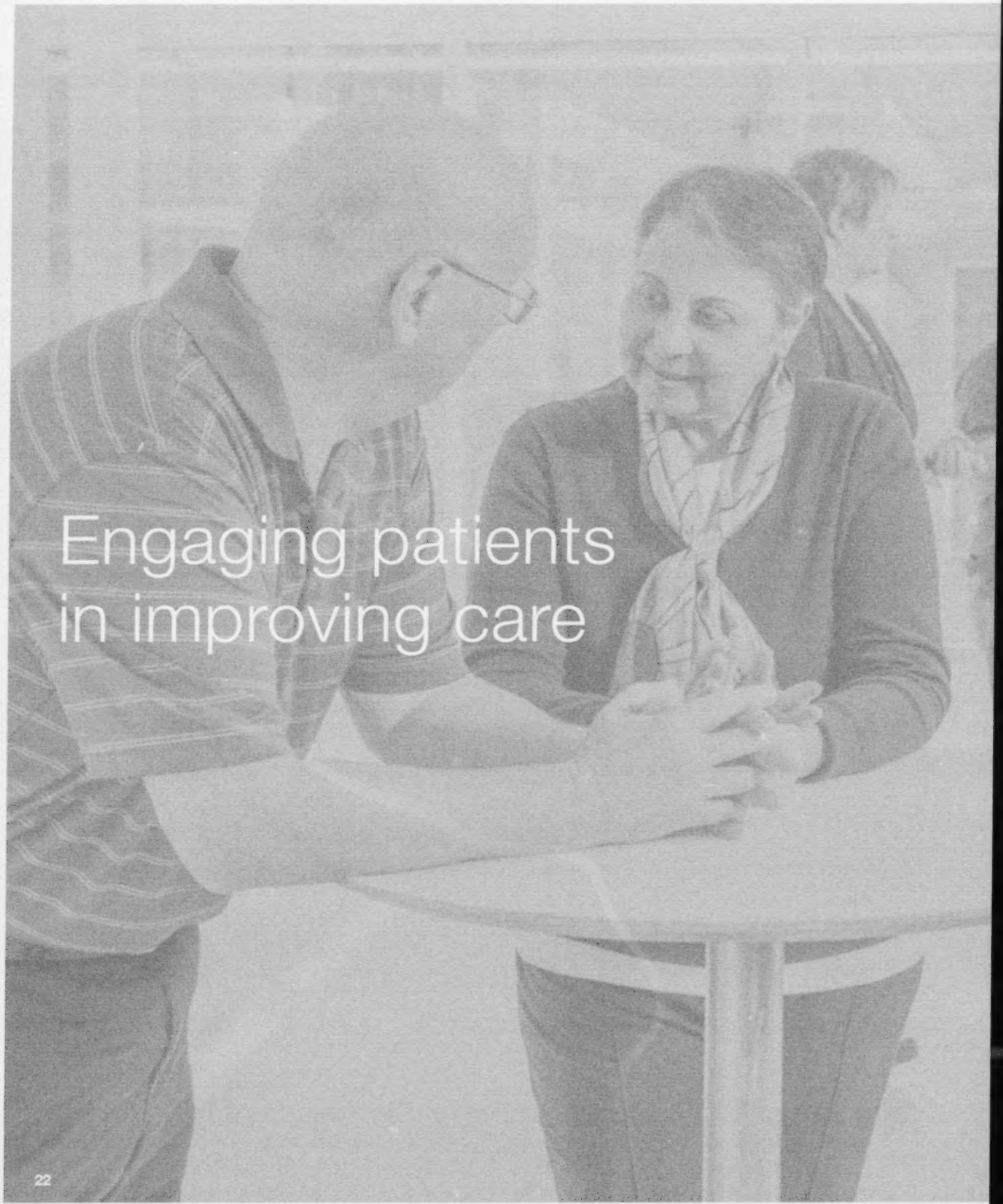
Choosing Wisely Canada has published recommendations based on Health Quality Ontario's evidence-based reviews of tests, treatments and procedures that may be overused. In addition, Health Quality Ontario is helping Choosing Wisely Canada to bring these important discussions to physicians and patients in several sectors across the health system.

Adoption of Quality-Based Procedures

As part of quality improvement, we convened a Quality Adoption Committee of provincial agencies, Local Health Integration Networks, the Ontario Medical Association, the Ontario Hospital Association, and other provincial associations to support adoption of quality-based procedures. The committee's initial report set out principles for a consistent approach to supporting adoption, the roles of various organizations and initiated a plan for the development of a common series of tools and resources.

Medication Safety: Institute of Safe Medication Practice

Over the past few years, we have collaborated with the Institute for Safe Medication Practices to develop tools and resources concerning medication safety. This work entails a community of practice related to medication reconciliation in the community.



Engaging patients in improving care

Creation of the Health Quality Ontario Patient, Family and Public Advisors Council

Health Quality Ontario is committed to including the insights and feedback of patients, families and public volunteers in our work to improve the quality of care in Ontario.

This past year, we created a Patient, Family and Public Advisors Council with the participation of 16 individuals from across Ontario who bring unique and diverse perspectives based on their personal experiences with the health system.

The Advisors Council examines Health Quality Ontario's strategic priorities and provides input on how to improve these areas, helping to contribute to our goal of fostering a culture that recognizes patient, family and public engagement as core to improving the quality of health care that patients receive.

In addition, we have created a broader network of patients, family and public advisors of 150+ people, contributing in many ways that help shape what we do, including:

- Participating in forums to discuss key issues
- Sitting on Health Quality Ontario committees
- Sharing one-on-one feedback

Our work spans a wide range of issues, programs and projects. We welcome volunteers with different experiences, from all walks of life and from every corner of the province to participate.

Building the capacity of patients and providers to engage effectively

As the provincial advisor on the quality of health care, Health Quality Ontario plays a role in facilitating patient engagement throughout all aspects of the health system. Working with patients, families and health providers, we gather and develop tools and resources to support their engagement efforts.

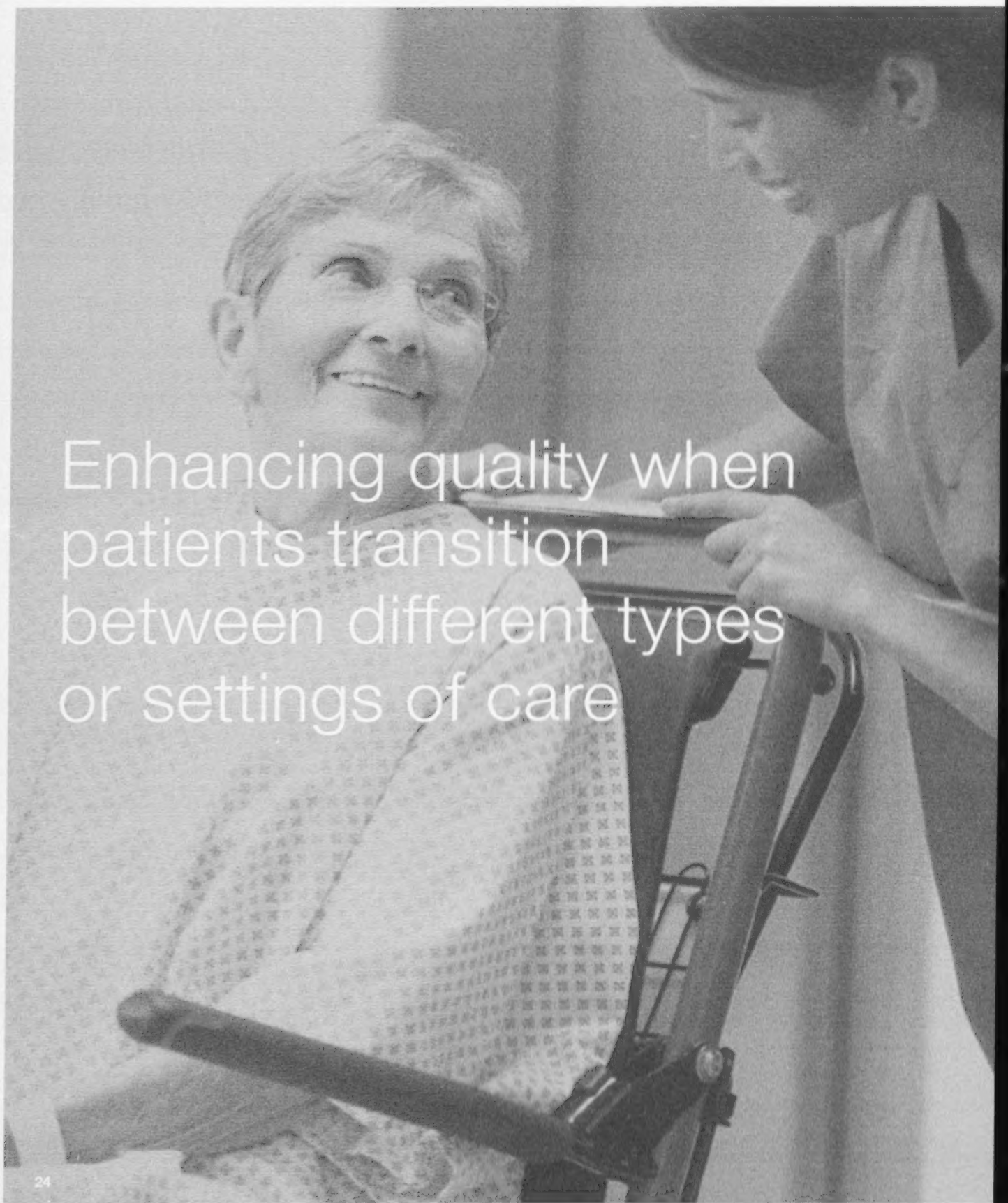
We update these resources on an ongoing basis on our online hub and include resources from expert sources and tools created by Health Quality Ontario.

For example, in consultation with patients and providers, Health Quality Ontario developed a series of guides aimed at helping advisory councils in any health sector get off to a good start and maintain momentum. By providing practical tips and tools, the guides assist patient and family advisory councils in focusing on recruiting for diversity, choosing meaningful projects, and creating an effective terms of reference.

We also conducted various events both in-person and via online webinars across the province, to educate providers about patient engagement and to support their efforts. For example, a series of webinars were conducted on engaging patients in quality improvement planning, on engaging patients in improving patient relations processes, etc.

Proposed Approach for Patient Engagement in Ontario

The Minister of Health and Long-Term Care of Ontario asked Health Quality Ontario and the Ministry to work together to develop a bold and world-class provincial approach for patient engagement in Ontario. In preparation and in the last quarter of 2015-16, we conducted environmental scans and consulted with more than 1,000 patients, caregivers, members of the public and health system thought leaders (through a quantitative survey of 804 Ontarians and 200+ consultations). A final report will be presented to the Minister in early 2016-17.



Enhancing quality when patients transition between different types or settings of care

Health Links

Health Links provide coordinated care to patients with complex and multiple needs. The Health Links program includes over 70 established Health Links across Ontario.

Health Quality Ontario supported Health Links by:

- Supporting data collection (at each Health Links, within the LHIN region and provincially)
- Providing quarterly reports and analysis
- Identifying emerging innovations and best practices
- Increasing the implementation of standardized best practices across all Health Links
- Supporting inter-Health Link sharing of lessons learned on a regional or pan-provincial basis
- Connecting LHIN Health Link leads with other relevant provincial quality initiatives

A Health Links Leadership Summit was held in December 2015. It was an invitational conference hosted by Health Quality Ontario and the LHINs for more than 240 clinical and administrative Health Links leaders, the Local Health Integration Networks, the Ministry of Health and Long-Term Care, and patients and caregivers.

The Leadership Summit brought Health Links leaders together to collaborate and develop strategic approaches to implement the advanced Health Links model, catalyze support for emerging innovations in caring for patients with multiple conditions and complex needs, and to share and inspire ideas for change.

In addition, a Clinical Reference Group was established to support the development of a systematic approach in identifying innovative practices for use by the Health Links in delivering improved care. Their recommendations form an important part of our guidance and support of the Health Links community of practice.

Patient Experience Measurement: Provincial Management Strategies

Our work on the patient experience measurement strategy, co-led with the LHINs, brought together experts and patients from the acute, home care, primary care, and long-term care home sectors to advance consistent and efficient measurement across the entire health care system, especially in the area of care transitions (e.g. receiving home care services after leaving the hospital).

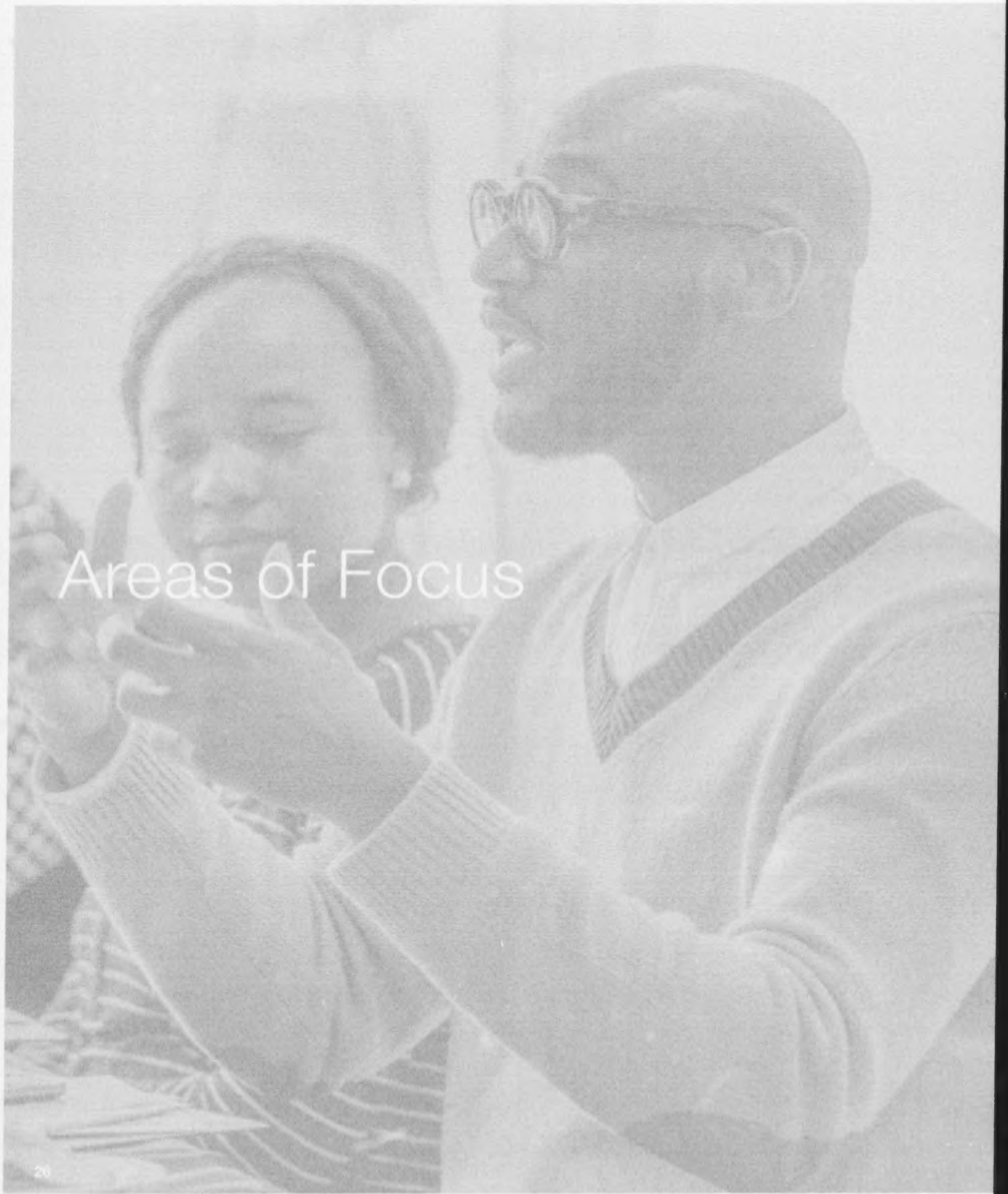
Integrated Funding Model Community of Practice

In an Integrated Funding Model, health providers coordinate care and determine a single payment to cover all of a patient's hospital and home care needs.

To facilitate the implementation of Integrated Funding Models in Ontario, the Ministry of Health and Long-Term Care issued a call for expressions of interest in 2015. At the end of this process, six teams were selected to receive funding to support the design and implementation of bundled models of care that:

- Promote patient-centred care across the care continuum
- Improve care quality and reduce unwanted or unwarranted variation in the delivery of patient care
- Improve efficiency, through a more integrated use of resources
- Inform the development of evidence-based health policy

Health Quality Ontario created a Community of Practice to help teams across the province implement new Integrated Funding Models. Through this Community of Practice, teams discuss best practices, share ideas for improvement, and discover innovative approaches to integrated funding and improving care.



Areas of Focus

There is broad agreement in the field that these areas of focus for Health Quality Ontario are aligned with emerging needs and trends in health care. Each one of these areas of focus cut across Health Quality Ontario's strategic priorities, each requiring a cross-sector perspective and approach.

Mental Health and Addictions Care

In 2015-16, Health Quality Ontario began work in several areas related to mental health and addictions. This work is aligned with system needs, the government's Open Minds, Healthy Minds strategy, and the work of the provincial Mental Health and Addictions Leadership Advisory Council.

In performance measurement, activity included adding two new mental health indicators to the Common Quality Agenda and in our yearly report, *Measuring Up*, as well as releasing the first Health Quality Ontario specialized report on mental health and addictions, *Taking Stock*. We also initiated work on the development of three quality standards on major depression, schizophrenia and the behavioural symptoms of dementia. We also completed a health technology assessment and issued a board-approved funding recommendation regarding repetitive transcranial magnetic stimulation, a treatment option for selected patients with treatment-resistant depression. On the quality improvement front, we supported two mental health and addictions initiatives through the Adopting Research to Improve Care (ARTIC) program.

Palliative and End-of-Life Care

We worked to improve the quality of palliative and end-of-life care in many ways including work with the Ontario Palliative Care Network (OPCN), a partnership of Health Quality Ontario, Cancer Care Ontario, the LHINs, and palliative care stakeholders. Health Quality Ontario staff members are actively participating on many OPCN working groups in performance measurement and regional program development. We also gathered and analyzed data in preparation for a public report on palliative care in the final three months of life, and we included palliative care as a priority for quality improvement plans.

Primary Care

Health Quality Ontario collaborated with health system partners and patients with extensive experience and expertise in primary care to develop a framework to monitor quality in primary care. The Primary Care Performance Measurement Framework identified what is valuable to measure. Data from these indicators are now updated regularly on Health Quality Ontario's website as part of our ongoing work to monitor and report on primary care, and to foster transparency, accountability and quality improvement in the system.

In addition, the first Health Quality Ontario performance measurement report was launched, entitled Quality in Primary Care, featuring these new primary care performance measures. It is the most comprehensive view of this sector undertaken so far.

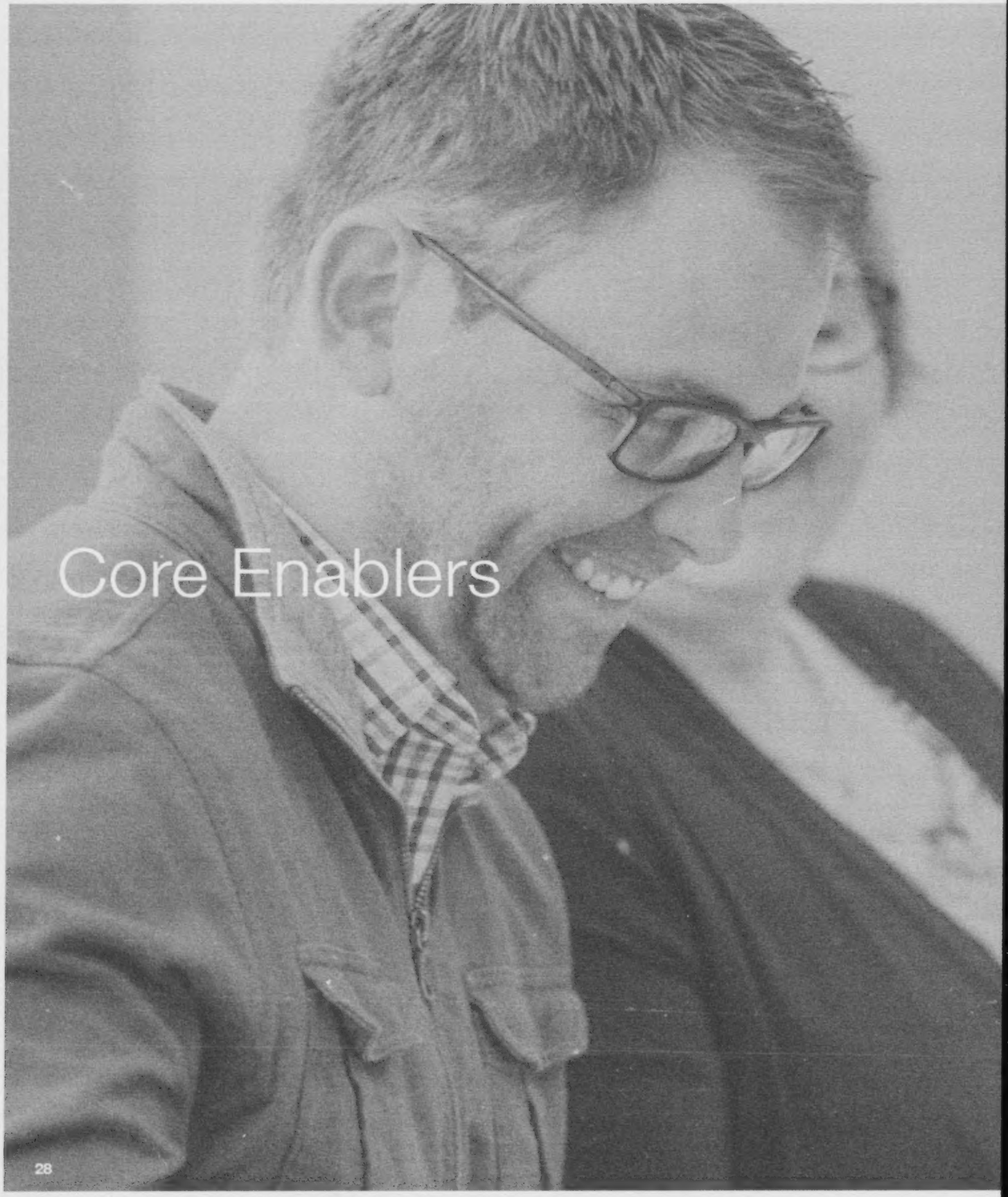
Health Quality Ontario also supported quality improvement in all models of primary care practice. We worked (and are continuing to work) with the Local Health Integration Networks and the primary care sector through a Primary Care Quality Advisory Committee and through Regional Quality Tables to determine the best way to support the sector.

Work also began to identify a provincial clinical lead in primary care, and regional leads, to provide expert clinical leadership on primary care quality and quality improvement. The provincial lead will chair the Primary Care Quality Advisory Committee that guides the direction of Health Quality Ontario's strategy and to establish a comprehensive approach to support and motivate quality improvement and practice improvement in primary care on a large scale.

In addition, primary care practice reports gave family physicians, community health centres and family health teams access to customized information about their practice and compared this information to regional and provincial data. Primary care practice reports were created by Health Quality Ontario and the Institute for Clinical Evaluative Sciences, in partnership with the Association of Family Health Teams of Ontario, Association for Ontario Health Centres and the Ontario College of Family Physicians.

Plus, primary providers were also given the opportunity to measure their patients' experiences in their practices with the Primary Care Patient Experience Survey. The survey was developed by Health Quality Ontario in collaboration with the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians and the Ontario Medical Association. Understanding patient perspectives can help provide insight into current strengths and opportunities for improvement and inform the practice's annual Quality Improvement Plan.

And lastly, an analysis was done on quality improvement plans in primary care with trends and change ideas broadly shared.



Core Enablers

In our strategic plan, we identified three essential activities, known as core enablers, which make it possible for Health Quality Ontario to successfully deliver on our strategic priorities.

Enabler 1: Working With Others

We believe working together in collaboration with others is critical to an integrated, sustainable health system. Throughout all of our work, we engaged with patients, clinicians, other health care providers, researchers, academics, professional associations, colleges, and government agencies to help ensure the results of our efforts across Health Quality Ontario are relevant and meaningful. These efforts helped to boost our capacity, and the capacity of our partners, to achieve outcomes with impact.

Enabler 2: Creating An Effective and Comprehensive Approach to Communicating Our Work

Health Quality Ontario has multiple audiences. We worked to ensure our audiences knew the path we set for quality health care through *Quality Matters* and our strategic plan, and about our findings, recommendations and quality improvement initiatives. We also worked hard to listen to others as part of our commitment to communications and continuous improvement.

We used multiple channels to engage our audiences via events, conferences, media stories, social media and digital communications. And within this, we created a new website and crafted communications pieces that others could use with their own communities. All of these channels were used to help us share and listen.

Enabler 3: Working As "One"

We actively worked as one in the development of our new strategic plan and in the definition of an organizational culture that is committed to a shared vision, mission, set of values and sense of purpose. We conducted an employee engagement survey that showed us how we were doing fostering a nimble, innovative, and collaborative working environment, creating the foundation for activity to come to help us realize our full potential.

Operational and Financial Performance

Operational Performance

Examples of Health Quality Ontario's achievements over the past year are highlighted throughout the preceding sections. Health Quality Ontario regularly reports on organizational performance to the Ministry of Health and Long-Term Care via a quarterly corporate scorecard, which has continued to evolve in alignment with the strategic priorities and areas of focus identified in our 2016-19 strategic plan. Health Quality Ontario will continue to evolve its approach to performance measurement in 2016-17 to show how the organization's activities drive towards intended outcomes and impacts, as well as the strategic enablers that support the effective execution of that work.

Financial Performance

Health Quality Ontario acknowledges the funding from the Ministry of Health and Long-Term Care and has managed its resources in a prudent and careful manner.

Health Quality Ontario's 2015-16 approved budget of $37.0 million is comprised of base funding of $30.2 million to support its core activities and additional project funding of $6.3 million. As well, Health Quality Ontario supported the establishment of the Patient Ombudsman, providing back-office support on the design and operation of the developing office. In this regard, Health Quality Ontario received operational funding of $.5 million.

Health Quality Ontario ended the 2015-16 fiscal year with a net surplus of 1.73% or $641,619 based on an approved budget of $37.0 million.

Prior year initiatives including a new financial management and reporting system, corporate scorecard, and additional resources for the finance team, combined with a new forecasting tool provided for an enhanced line-of-sight on our financial performance. Together, these initiatives enhanced our ability to measure, report and take proactive steps to reallocate resources as required and to quickly respond to special requests from the Minister of Health and Long-Term Care.

Health Quality Ontario's Audit and Finance Committee has worked diligently with management to enhance the integrity of the organization's financial management, reporting and risk management systems. As well, the Committee also provided guidance on the implementation of recommendations and policies and procedures, emanating from our internal auditors.

Looking ahead to 2016-17, Health Quality Ontario will continue to strengthen its financial capabilities by:

- Implementing additional management tools such as strategic costing to further improve Health Quality Ontario's ability to appropriately manage resources in a way that drives the achievement of our outcomes;
- Continued refinement of key processes and procedures to ensure ongoing stewardship of public funds.

Detailed financial information can be found in the Audited Financial Statements at the end of this report.

Governance

Health Quality Ontario operates under the oversight of a board that consists of between nine and 12 members appointed by the Lieutenant Governor in Council, including the designated chair and vice-chair. *The Excellent Care for All Act, 2010*, specifies a skill mix to be considered. All members work for the board on a part-time basis. Board membership for the 2015-16 fiscal year is listed below along with their terms:

Board Member	Term
Andreas Laupacis (Chair)	June 12, 2013 to June 11, 2019
Marie E. Fortier (Vice-Chair)	May 4, 2011 to May 2, 2017
Richard Alvarez	January 4, 2011 to January 3, 2017
Tom Closson	August 15, 2012 to August 14, 2018
Jeremy Grimshaw	August 18, 2011 to August 17, 2017
Shelly Jamieson	October 23, 2013 to October 22, 2016
Stewart Kennedy	June 17, 2015 to June 16, 2018
Julie Maciura	April 2, 2014 to April 1, 2017
Angela Morin	November 19, 2014 to November 18, 2017
James Morrisey	April 10, 2013 to April 9, 2019
Rick Vanderlee	July 22, 2015 to July 21, 2018
Tazim Virani	May 17, 2011 to May 16, 2017

Some Board members may have their terms extended.

Conclusion

We are very proud of what Health Quality Ontario accomplished this past year. It was a year of vision and growth, delivering on areas within our key strategic priorities, and gaining traction on our emerging areas of focus.

Throughout our work, we sought to objectively understand Ontario's health system performance from multiple perspectives and to transform information and data into knowledge and action. This was done in service to health care providers, to help them do the best possible job, and in service to patients and caregivers, to help them receive the best possible care.

We have much to do in the coming years, continuing to bring our strategic plan to life, and look forward to working with all of our partners including government, providers, patients and the public to create a high quality health system for all Ontarians.

Compendium: Summary of 2015–16 Evidence-Based Recommendations

To meet requirements under Health Quality Ontario's Accountability Agreement with the Ministry of Health and Long-Term Care, below is a summary of all the evidence-based recommendations made to the ministry or health system during 2015-16. Complete details are available on our website (www.hqontario.ca).

- Mitral Valve Clip for Treatment of Mitral Regurgitation
- Prostate-Specific Antigen (PSA)-Based Population Screening for Prostate Cancer
- Colon Capsule Endoscopy for the Detection of Colorectal Polyps
- Positional Magnetic Resonance Imaging for People with Ehlers-Danlos Syndrome or Suspected Craniovertebral or Cervical Spine Abnormalities
- Pancreas Islet Transplantation for Patients With Type 1 Diabetes Mellitus
- Paclitaxel Drug-Eluting Stents in Peripheral Arterial Disease
- Transient Elastography for Assessment of Liver Fibrosis and Steatosis
- Intrathecal Drug Delivery Systems for Cancer Pain and Noncancer Pain
- Mechanical Thrombectomy for Patients with Acute Ischemic Stroke
- Left Ventricular Assist Devices for Destination Therapy
- Minimal Residual Disease Evaluation in Childhood Acute Lymphoblastic Leukemia
- Repetitive Transcranial Magnetic Stimulation for Treatment-Resistant Depression

Financial Statements

Ontario Health Quality Council o/a Health Quality Ontario

Financial Statements
March 31, 2016

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Loftus Allen & Co. Professional Corporation
Chartered Professional Accountants

INDEPENDENT AUDITORS' REPORT

To The Board of Ontario Health Quality Council o/a Health Quality Ontario:

We have audited the accompanying financial statements of Ontario Health Quality Council o/a Health Quality Ontario, which comprise the statement of financial position as at March 31, 2016, and the statements of operations and surplus, and cash flows for the year then ended, along with a summary of significant accounting policies, related schedules, and other explanatory information. The financial statements have been prepared by management based on the financial reporting provisions established by the Ministry of Health and Long-Term Care and Canadian Public Sector Accounting Standards.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal controls relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Health Quality Council o/a Health Quality Ontario as at March 31, 2016 and the results of its operations and surplus, and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

Basis of Accounting and Restriction of Use

Without modifying our opinion, we draw attention to Note 2 of the financial statements which describes the basis of accounting. The financial statements are prepared to assist the Ontario Health Quality Council o/a Health Quality Ontario to meet the requirements of their funding agreement with the Ministry of Health and Long-Term Care. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for Ontario Health Quality Council o/a Health Quality Ontario and the Ministry of Health and Long-Term Care and should not be used by other parties.

Loftus Allen & Co
Professional Corporation

Toronto, Ontario
June 21, 2016

Chartered Professional Accountants, authorized to practice public accounting by Chartered Professional Accountants of Ontario

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Ontario Health Quality Council o/a Health Quality Ontario

STATEMENT OF FINANCIAL POSITION AS AT MARCH 31, 2016
(with comparative figures for 2015)

	2016	2015
FINANCIAL ASSETS		
Cash	**$ 3,750,859**	$ 3,696,093
Funding receivable	**1,328,100**	-
	5,078,959	3,696,093
LIABILITIES		
Accounts payable and accrued liabilities	**4,437,340**	3,348,839
Due to the Ministry of Health & Long-Term Care, *note 3*	**641,619**	347,254
	5,078,959	3,696,093
NON-FINANCIAL ASSETS		
TANGIBLE FIXED ASSETS		
Computer and equipment	**424,124**	424,124
Office furniture and fixtures	**903,823**	903,823
Leasehold improvements	**2,093,103**	1,765,709
	3,421,050	3,093,656
Less: Accumulated amortization	**3,421,050**	3,093,656
	-	-
ACCUMULATED SURPLUS	**$ -**	$ -

APPROVED ON BEHALF OF THE BOARD:

James A. Mooney _____ Director

_____ Director

The attached notes are an integral part of these financial statements

Ontario Health Quality Council o/a Health Quality Ontario

STATEMENT OF OPERATIONS AND SURPLUS FOR THE YEAR ENDED MARCH 31, 2016
(with comparative figures for 2015)

	2016	2015
REVENUE - *Schedule of Operations*		
Ministry of Health and Long-Term Care	**$ 37,028,100**	$ 35,262,500
EXPENSES - *Schedule of Operations*		
Enterprise Strategy and Operations	**13,226,668**	10,944,022
Quality Improvement	**12,543,372**	8,203,390
Health System Performance	**5,485,139**	4,123,542
Evidence Development & Standards	**4,807,157**	11,277,671
Office of the Patient Ombudsman	**411,256**	64,787
	36,473,592	34,613,412
EXCESS OF REVENUE OVER EXPENSES	**554,508**	649,088
APPROVED TO FUND THE 2013 - 2014 DEFICIT, *note 3*	**-**	(419,658)
UNSPENT BUDGETED FUNDS, *note 3*	**554,508**	229,430
INTEREST INCOME, *note 3*	**65,308**	58,427
RECOVERIES OF TRANSFER PAYMENTS, *note 3*	**21,803**	59,397
SURPLUS PRIOR TO REPAYMENT TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 3*	**641,619**	347,254
DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 3*	**641,619**	347,254
SURPLUS	**$ -**	$ -

The attached notes are an integral part
of these financial statements

Ontario Health Quality Council o/a Health Quality Ontario

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2016
(with comparative figures for 2015)

	2016	2015
OPERATING TRANSACTIONS		
Cash received from:		
Ministry of Health and Long-Term Care	**$ 35,700,000**	$ 35,262,500
Recoveries of transfer payments, ***note 3***	**21,803**	59,397
Interest	**65,308**	58,427
	35,787,111	35,380,324
Cash paid for:		
Enterprise Strategy and Operations	**(12,158,027)**	(9,798,809)
Quality Improvement	**(12,543,372)**	(8,203,390)
Health System Performance	**(5,485,139)**	(4,123,542)
Evidence Development and Standards	**(4,807,157)**	(11,277,671)
Office of the Patient Ombudsman	**(411,256)**	(64,787)
	(35,404,951)	(33,468,199)
Cash provided by operating activities	**382,160**	1,912,125
CAPITAL TRANSACTIONS		
Cash used to acquire tangible capital assets	**(327,394)**	(128,219)
Cash applied to capital transactions	**(327,394)**	(128,219)
INCREASE IN CASH	**54,766**	1,783,906
CASH, beginning of year	**3,696,093**	1,912,187
CASH, end of year	**$ 3,750,859**	$ 3,696,093

The attached notes are an integral part
of these financial statements

1. THE ORGANIZATION

Health Quality Ontario (HQO) is the provincial advisor on the quality of health care. Created as the Ontario Health Quality Council under Ontario's Commitment to the Future of Medicare Act on September 12, 2005, HQO is an agency of the Ministry of Health and Long-Term Care. Under the Excellent Care for All Act (ECFAA) enacted June 3, 2010, HQO's mandate was expanded to develop evidence based standards, foster quality improvement, and monitor and report on the health system's performance. To execute this mandate, HQO engages with system partners, patients and the public. The Council was granted the business name Health Quality Ontario on February 15, 2011. In 2014, amendments were made to the ECFAA under the Public Sector and MPP Accountability and Transparency Act, 2014 to establish a Patient Ombudsman in Ontario. Once these amendments come into force, the Patient Ombudsman will be able to investigate, facilitate the resolution of, and report on complaints made by patients, former patients, and their caregivers that relate to the care or health care experience of the patient or former patient at a hospital, long-term care home, or community care access centre. The Patient Ombudsman will be supported by an Office of the Patient Ombudsman, which will be hosted by Health Quality Ontario.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting Standards for provincial reporting entities established by the Canadian Public Sector Accounting Board except as noted in 2 (b).

(b) Tangible capital assets

Tangible capital assets purchased with government funding are amortized 100% in the year of acquisition as long as the capital assets have been put to use. This policy is in accordance with the accounting policies outlined in the Ministry of Health and Long-Term Care (MOHLTC) funding guidelines. MOHLTC funding is completely operational and not capital in nature.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(c) Donated materials and services

Value for donated materials and services by voluntary workers has not been recorded in the financial statements. These services are not normally purchased by the organization and their fair value is difficult to determine.

(d) Revenues and expenses

The deferral method of accounting is used. Income is recognized as the funded expenditures are incurred. In accordance with the MOHLTC guidelines, certain items have been recognized as expenses although the deliverables have not all been received yet. These expenses are matched with the funding provided by the Ministry for this purpose.

(e) Measurement uncertainty

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

(f) Employee Pension Plans

The employees of HQO participate in the Public Service Pension Plan (PSPP) which is a defined benefit pension plan for the employees of the Province and many provincial agencies. The Province of Ontario, which is the sole sponsor of the PSPP, determines HQO's annual payments to the fund. Since HQO is not a sponsor of these funds, gains and losses arising from statutory actuarial funding valuations are not assets or obligations of HQO, as the sponsor is responsible for ensuring that the pension funds are financially viable. HQO's expense is limited to the required contributions to the PSPP as described in note 8.

3. DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE

In accordance with the MOHLTC financial policy, surplus funds received in the form of grants, interest and other recoveries are recovered by the MOHLTC. In 2014, funding was reduced by $5,142,400 which created a shortage of $419,658. MOHLTC agreed for HQO to recover this shortage from the 2015 year's funding. During the year, HQO received funding from MOHLTC of $500,000 for the Office of the Patient Ombudsman (OPO). HQO paid expenses of $411,256 regarding the OPO leaving $88,744 repayable to MOHLTC.

	2016	2015
Unspent budgeted funds	$ **465,764**	$ 229,430
Unspent budgeted funds OPO	**88,744**	-
Interest income	**65,308**	58,427
Recovery of transfer payment Ontario Long Term Care Physicians	**13,953**	-
Recovery of transfer payment Hamilton Health Services	**7,850**	-
Recovery of transfer payment Canadian Patient Safety Institute	**-**	59,397
	$ **641,619**	$ 347,254

4. LEASE OBLIGATIONS

There were five property leases in place during the fiscal year: 130 Bloor Street West with a lease ending August 31, 2018, and 1075 Bay Street whose three leases will end April 30, 2018, April 30, 2020 and June 30, 2021. The Office of the Patient Ombudsman is located at 415 Yonge Street. This lease will end April 30, 2021. The net annual rent of 130 Bloor Street West is currently $301,550 until August 31, 2018. The 1075 Bay Street leases' net annual rent is currently $173,149. 415 Yonge Street net annual rent is $63,733. The net annual payments on the above noted leases during the next five years are estimated as follows:

2017	$565,801
2018	$568,346
2019	$326,794
2020	$195,180
2021	$136,758

5. ECONOMIC DEPENDENCE

HQO receives all of its funding from the MOHLTC.

6. FINANCIAL INSTRUMENTS

Fair value - The carrying value of cash, accounts payable and accrued liabilities as reflected in the financial position approximate their respective fair values due to their short-term maturity or capacity for prompt liquidation.

Liquidity risk - The risk that the organization will not be able to meet all cash flow obligations as they come due. The organization mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and forecasting.

Concentration risk - The organization holds all of its cash at one financial institution.

7. ONE TIME PROJECTS

SUMMARY OF ONE TIME PROJECTS:

	2016	2015
NSQIP	$ 2,919,079	$ 691,186
ARTIC	1,650,001	1,346,874
IDEAS	720,725	606,649
OCSA	513,000	-
ISMP	380,250	-
CMHA	139,566	-
AFHTO	15,000	-
Appropriate Prescribing	-	187,707
ERAS	-	200,000
OCFP	-	182,962
OLTCP (Recovery of Unspent Funds)	(13,953)	74,500
Total	$ 6,323,668	$ 3,289,878

National Surgical Quality Improvement Program (NSQIP)

The NSQIP Program is an internationally recognized initiative to measure and improve the quality of surgical care. HQO is providing 34 hospitals with financial support to implement a surgical quality improvement program that improves patient care and outcomes, and decreases surgical complications and the cost of health care delivery throughout an 18-month run-in phase, which will conclude September 30, 2016. Hospitals will continue to participate beyond that date.

7. ONE TIME PROJECTS - continued

Adopting Research to Improve Care (ARTIC)

The ARTIC Program is a proven model for accelerating and supporting the implementation of research evidence into practice contributing to quality care across Ontario. The Council of Academic Hospitals of Ontario (CAHO) originally developed the ARTIC Program to accelerate the adoption of research evidence within hospital settings.

Improving & Driving Excellence Across Sectors (IDEAS)

IDEAS is a provincial applied learning strategy delivered through a collaborative partnership between Ontario's six universities that have faculties of medicine and health sciences, HQO, ICES and the Institute of Health Policy, Management and Evaluation at the University of Toronto. The aim is to build quality improvement capacity and leadership throughout the health system through this collaborative arrangement.

Ontario Community Support Association (OCSA)

OCSA is the voice of the home and community support sector ("CSS sector"). OCSA's members provide home care services contracted by Community Care Access Centres and community support services directly funded by the 14 Local Health Integration Networks in Ontario. The aim of HQO and OCSA's collaboration is to continue to develop quality improvement capability and capacity in support of advancing quality throughout the Community Support Services sector.

Enhanced Institute for Safe Medication Practices (ISMP)

ISMP is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings.

The HQO and ISMP collaboration is aimed at advancing Medication Safety Support Services which consist of Ontario's critical incident analysis program, medication safety knowledge transfer, safe medication practices program support and the development and implementation of a medication reconciliation network in the community. This project will enable the continued spread of medication safety and MedRec knowledge and best practices throughout the province of Ontario.

7. ONE TIME PROJECTS - continued

Canadian Mental Health Association (CMHA)

CMHA is a voluntary organization, which operates at the local, provincial and national levels across Canada. The Ontario section of CMHA promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness through advocacy, education, research and service. It also provides support to the 32 local Branches of CMHA across the province that provide comprehensive MHA services to approximately 60,000 individuals annually in diverse communities across Ontario. The aim of this collaboration is to evaluate sector-wide QI capacity and work with community MHA agencies to establish quality standards and facilitate knowledge exchange to address the existing gaps.

Association of Family Health Teams Ontario (AFHTO)

AFHTO, a primary care sector partner, collaborated with HQO to support quality improvement at primary care practices by involving patients and using patient experience information practices bringing together Quality Improvement Decision Support Specialists (QIDSS) and patients on a regional basis.

Appropriate Prescribing Project

The Long-Term Care (LTC) Appropriate Prescribing Project was initiated as part of the 2012 Physicians Services Agreement. MOHLTC and Ontario Medical Association (OMA) established an Appropriate Prescribing Work Group (APWG) tasked to make recommendations to the Physician Services Committee (PSC) on opportunities to improve prescribing in Ontario. The PSC approved an initial Demonstration Project of integrated educational strategies starting in LTC homes.

Early Recovery After Surgery Program (ERAS)

The ERAS Program is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery in support of the NSQIP Program.

Ontario College of Family Physicians (OCFP)

The OCFP collaborated with HQO to advance practice improvement in primary care by identifying challenges and making recommendations to target future improvement efforts.

Ontario Long-Term Care Physicians (OLTCP)

OLTCP is working to support the role of long-term care medical directors in improving the quality of care by continuing the development, implementation and evaluation of a training curriculum, which includes the common quality agenda and development of quality improvement capacity.

8. EMPLOYEE FUTURE BENEFITS

HQO's employer contributions to Public Sector Service Plan totaled $1,205,842 (2015 - $982,506). HQO is not responsible for the cost of employee post-retirement, non-pension benefits. These costs are the responsibility of the Province of Ontario.

9. BOARD MEMBER'S REMUNERATION

During the year total remuneration of all board members was $39,398.

10. COMPARATIVE FIGURES

The prior period's comparative numbers have been reclassified to reflect the current period's financial presentation.

Ontario Health Quality Council o/a Health Quality Ontario

SCHEDULE OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2016

	2016	2015
REVENUE		
Ministry of Health and Long-Term Care	**$ 37,028,100**	$ 35,262,500
EXPENSES		
Salaries and benefits	**22,560,964**	18,450,574
Transfer payments to other organizations	**5,824,317**	8,640,549
Information technology and web infrastructure	**1,814,743**	1,605,074
Meetings, training and travel	**1,797,820**	1,364,524
Leases and leasehold improvements	**1,543,754**	1,108,406
Consulting and professional	**791,703**	1,705,629
Communications	**747,672**	589,512
Research and data acquisition	**731,334**	690,585
Office and administration	**661,285**	458,559
	36,473,592	34,613,412
EXCESS OF REVENUE OVER EXPENSES	**554,508**	649,088
FUNDING THE 2013 - 2014 DEFICIT	**-**	(419,658)
UNSPENT BUDGETED FUNDS	**554,508**	229,430
RECOVERIES OF TRANSFER PAYMENTS, ***note 3***	**21,803**	59,397
INTEREST INCOME	**65,308**	58,427
SURPLUS	**$ 641,619**	$ 347,254

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